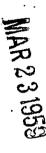
t. Health,	Prima Ama A harman	STANDARD CERTIFICATE OF DEATH	45700					
, & Welfare S. Public th Service	FILED DEC 3 0 1957	318	1003 STATE FILE	12163				
S. 300	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (a. STATE Miss	Where deceased lived. If institution ouristic COUNTY	n: Residence before admission)				
v. 1-57 C	b. CITY (If outside corporate limits, give TO OR TOWN Sm LOUIS, M.		Louis	Inside Limits Yest No				
	c. FULL NAME OF (If NOT in hospital, give 25 NOSPITAL OR INSTITUTION ST. LOUIS CITY	location) Length of stay in 1b d. STREET	(If outside, give location)	Reside on Farm Yes No 🔣				
	3. NAME OF DECEASED First (Type or print) MA:MIE	Alice CASEY	4. DATE OP DEC. 17,	Day Year 1957				
	5. SEX / 6. COLOR OR RACE : White	7. MARRIED NEVER MARRIED 8. DATE OF BIRTH widow box Divorced June 15, 187	9. AGE (In years 1 FUNDER 1	YEAR IF UNDER 24 HRS. Bys Hours Min.				
e listed	during most of working life, even if retired)	b. KIND OF BUSINESS OR III. BIRTHPLACE (City and sta INDUSTRY Home maker St. Louis		N OF WHAT COUNTRY?				
ns will t	13ª FATHER'S NAME George Hortter	13b. MOTHER'S MAIDEN NAME Hanna Crimmins	14. NAME OF HUSBAND OR WIFE James Casey					
No symptoms will be listed	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address							
18. No syr E IF POSSI	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		i 11	NTERVAL BETWEEN ONSET AND DEATH				
s in item PEWRIT	Mac Andial Incoretion							
menclature BBON TYP								
dard nom elated. OR RIB	PERFO YES 🔀							
ousally o	200. ACCIDENT SUICIDE HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4 2 0 .: 1.						
it use or ist be co LY BLA	∑ 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.							
, etc. must v Part I must USE ONLY	20d. INJURY OCCURRED WHILE AT NOT WHILE Gram, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY . STATE farm, factory, street, office bldg., etc.)							
. <u>ಕ</u> .⊆ .	21. I attended the deceased from 12/11/57 and last saw her alive on 12/17/57 Death occurred at							
Doctor, coroni All diseases	on w. This	Degree offitie) M. D. 22b. ADDRESS 1515 LAFA	TETTE	12/17/57				
	23a BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 12/19/57		COCATION (City, town, or county) ton Rouge Louis	. (State) iana				
4	24. EUNER ADIRECTOR ADD	atural Bridge DEC 1857	26 REGISTRAR'S SIGNATURE	with mo				
•		(Licensed Embalmer's Statement on Reverse Side)	mess					

THE DIVISION BE HEAT IN THE MIXXII



STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose na	me is recorded on t	he reverse side of thi	is certificate was emb	almed
_. by	me, or by		, Student	Embalmer No	
wo	orking under my personal supervision.			1 Lann	
Stı	udent	Signed	•		
		3.3.3.	Licensed F	Embalmer No.	5/2-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.